

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10687814**

FILED DATE **10-20-03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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50						
TOTAL IND.	2		2			
TOTAL DEP.	19		17			
TOTAL	21		19			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
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